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	Application Number	10/506,790
TRANSMITTAL	Filing Date	September 7, 2004
FORM	First Named Inventor	JORDAN, Alain
	Art Unit	3735
(to be used for all correspondence after initial filing)	Examiner Name	LACYK, John P.
Total Number of Pages in This Submission	Attorney Docket Number	32201-1060

ENCLOSURES (Check all that apply)						
~	Fee Trans	smittal Form		Drawing(s)		After Allowance Communication to TC
	✓ Fe	ee Attached		Licensing-related Papers		Appeal Communication to Board of Appeals and Interferences
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Firm Name LUCE, FORWARD, HAMILTON & SCRIPPS LLP						
Signature Sunt						
Printed name Franco A. Serafini						
Date	Date December 18, 2006			Reg. No.	52,207	
CERTIFICATE OF TRANSMISSION/MAILING						
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Complete if Known Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/506,790 Application Number FEE TRANSMITTAI Filing Date September 7, 2004 For FY 2006 First Named Inventor JORDAN, Alain **Examiner Name** LACYK, John P. Applicant claims small entity status. See 37 CFR 1.27 Art Unit 3735

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TOTAL AMOUNT OF PAYMEN	(\$)	1,200.00	Attorney Docket	No. 322	201-1060	
METHOD OF PAYMENT (ch	eck all that	apply)				-
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under 37 CFR 1.16 WARNING: Information on this form information and authorization on P1	may become	public. Credit card in	formation should no	ot be include	ed on this form. Pr	ovide credit card
FEE CALCULATION						
1. BASIC FILING, SEARCH, FI	LING FEES	S SEAF	RCH FEES	EXAMIN	ATION FEES	
Application Type Fe		Entity (\$) Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility 30	00 15	0 500	250	200	100	
Design 20	00 10	0 100	50	130	65	
Plant 20	00 10	0 300	150	160	80	
Reissue 30	00 15	0 500	250	600	300	
Provisional 20	00 10	0 0	0	0	0	
2. EXCESS CLAIM FEES						Small Entity
Fee Description Each claim over 20 (inclu-	dina Reissi	160)			<u>Fee (\$)</u> 50	<u>Fee (\$)</u> 25
Each independent claim o					200	100
Multiple dependent claims					360	180
	a Claims	Fee (\$) Fee	e Paid (\$)		Multiple De	pendent Claims
	<u>0</u> ×		\$0.00		<u>Fee (\$)</u>	Fee Paid (\$)
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Indep. Claims Extr	<u>a Claims</u> 0 x		Paid (\$) \$0.00			
HP = highest number of independe			50.00			
3. APPLICATION SIZE FEE If the specification and draw			per (excluding e	lectronica	lly filed sequer	ice or computer
listings under 37 CFR 1					nall entity) for	each additional 50
	a Sheets	Number of eac	ch additional 50 o	<u>r fráction t</u>		(\$) Fee Paid (\$)
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4. OTHER FEE(S) Non-English Specification	n, \$130 f	ee (no small entity	discount)			Fees Paid (\$)
Other (e.g., late filing sur	charge): Su	bmission of IDS before	re Final Office Acti	on / Three i	Mo Ext. Time	\$1200.00

SUBMITTED BY					
Signature	hours Aluafi	Registration No. (Attorney/Agent) 52,207	Telephone 858.720.6300		
Name (Print/Type)	Date December 18, 2006				

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